Nevada Commission on Ethics FINANCIAL DISCLOSURE STATEMENT

(attach additional sheets if necessary)

| name John G. Mansanti | address | 133 McCoy, | Minn | OFFICE A | 1 00 4 45 | | |
|--|---|---|----------------------|------------------------------------|----------------------------------|---|--|
| length of residence in | | , | AABIII | enucca, N | V 89445 | | بالمر |
| Nevada 21yrs | district where vote | | | ımboldt #3 | | [NRS 281.571 | , Subsection |
| list all public offices for which this finar | icial disclosure | statement is rea | , Tuiroc | l mino oo4 == | | 1(a)] | SECRE |
| | | oldioment is rec | 4un ec | | | | |
| public office | | term or date appo | inted | annual (3/31) NRS 281.561(1)(c) | | | leaving office |
| School Board Trustee, Seat E | | Jan 2005 | AII ILEU | Mr.S 201.561(1)(c) | | (a) NRS 281.561(1)(b) | NRS 281.561(1)(d |
| Compensation, \$60/meeting | | | | - | ı | ł | Į - |
| , toomsetting | | | | Γ_ | Γ | Γ | Γ |
| | | | | Γ | Γ | Г | Г |
| list all general sources of income for you and memb | ers of your househo | ld over 18 [NRS 281 | .571, S | ubsection 1(b) | ļ: | self | household member |
| Placer Turquoise Ridge | | | | | | V | <u> </u> |
| Humboldt General Hospital | | | | | | <u></u> | |
| | | | | | | 1 | ▽ |
| st each creditor to whom you or a member of your t | ouropold our - &c c | | | | | Γ | Γ |
| st each creditor to whom you or a member of your he which is not required to be listed below, and (2) debt Subsection 1(d)]: | for which a security | interest in a motor vi | (1) debi ehicle f | t secured by m or personal use | ortgage or d was retaine | eed of trust on re d by seller] [NRS | al property 281.571, |
| | | | | | | Γ | Γ |
| | | | | | | Γ | Γ |
| | | | | | | _ | Γ |
| t each business entity (i.e., organization or enterpris ndicate, corporation or association) with which you note or in part, limited or general partner, or holder of the business entity [NRS 281.571, Subsection 1(f)] Star Lanes Bow ling, Butte MT | f a alasa at ata i | household is involve security representing | edasa g1% d | trustee, benef r more of the t | iciary of a tru otal outstand | ist, director, office ing stock or secu | oint venture, er, owner in nities issued |
| Dutte Wit | | | | _ | | Γ | <u>r</u> |
| | | | | | | Γ_ | Γ |
| energific location and and | | | | _ | | Γ | Г |
| specific location and particular use of all real estate reficial interest; (2) the fair market value of which is specific lo | (other than persona \$2,500 or more; and cation | tl residence): (1) in w I (3) located in this st | hich yo | ou or a member an adjacent sta | te [NRS 281 | .5/1, Subsection | al or 1(c)]: |
| None | - | _ _ | | | parti | cular use | |
| | | | | ļ | | | |
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| ne identity of donor and wature of combinate and the com- | | _ | | 1 | | _ | <u></u> |
| e identity of donor and value of each gift of all gifts ept (1) a gift received from a person who is related day, wedding, anniversary, holiday or other ceremon | received in excess to you within the thin | of an aggregate valu | e of \$2 | 00 from a dono | or during the | preceding taxable | e year |
| day, wedding, anniversary, holiday or other ceremo litical action] [NRS 281.571, Subsection 1(e)]: | nial occasion if the o | lonor does not have | a subsi | iantial interest i | n your legisla | ii gitts received fo ative, administrati | r a ve, judicial |
| donor | | | | | | of gift | |
| one | | | | None | | or giit | |
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| TRM THAT ALL INFORMATION HEREIN IS ACCUIDED DEC 29, 2004 Signature: | RATE AND COMPLE | TE QUE | Va. | ~ ~ | ٠ | | |
| , , <u>, , , , , , , , , , , , , , , , , </u> | | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | + | | | | |